

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2021 FEB -4 PM 12:19  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

United Medical Freedom Super PAC, LLC

ADDRESS (number and street)

166 Dogwood Springs DR



Check if different  
than previously  
reported. (ACC)

Portland

TN

37148

5912

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00753319

3. IS THIS  
REPORT

☒ NEW  
(N)

OR

☐ AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☒ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the  
State of

State

(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

State

5. Covering Period

MM / DD / YYYY  
11 / 24 / 2020

MM / DD / YYYY  
12 / 31 / 2020

MM / DD / YYYY  
12 / 31 / 2020

through

MM / DD / YYYY  
12 / 31 / 2020

MM / DD / YYYY  
12 / 31 / 2020

MM / DD / YYYY  
12 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ty M. Bollinger

Signature of Treasurer

*T Bollinger*

Date

MM / DD / YYYY  
1 / 29 / 2021

MM / DD / YYYY  
1 / 29 / 2021

MM / DD / YYYY  
1 / 29 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

FEC FORM 3X  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**United Medical Freedom Super PAC, LLC**

Report Covering the Period: From:

11 / 24 / 2020

To:

12 / 31 / 2020

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2020		\$0
(b) Cash on Hand at Beginning of Reporting Period	17,235.14	
(c) Total Receipts (from Line 19)	2,555.14	63,211.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19,790.28	63,211.52
7. Total Disbursements (from Line 31)	11,274.31	43,421.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8,515.97	19,790.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**United Medical Freedom Super PAC, LLC**

Report Covering the Period:

From:

11 / 24 / 2020

To:

12 / 31 / 2020

## I. Receipts

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1,776.00

37,507.00

(ii) Unitemized .....

779.17

25,704.55

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2,555.17

63,211.55

(b) Political Party Committees .....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

2,555.17

63,211.55

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

2,555.17

63,211.55

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

2,555.17

63,211.55

# **DETAILED SUMMARY PAGE** of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	11,274.31	54,695.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11,274.31	54,695.55
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements (Including Non-Federal Donations).....		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11,274.31	54,695.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11,274.31	54,695.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2,555.17	63,211.55
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,555.17	63,211.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11,274.31	54,695.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11,274.31	54,695.55

NON-CONFIDENTIAL

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:			PAGE		OF
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**United Medical Freedom Super PAC, LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Group, Edward**

Mailing Address

**2040 North Loop West, STE 234**

City

**Houston**

State

**TX**

Zip Code

**77018**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

**self-employed**

Occupation (for Individual)

**self-employed**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1,776.00**

Date of Receipt

**11 / 29 / 2020**

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Medical Freedom Super PAC, LLC

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Date of Disbursement

MM / DD / YYYY  
2020

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

misc. bank fees

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

\$37.95

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stone, Roger**

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2020

Mailing Address

1007 North Federal Highway, #405

City

Ft. Lauderdale

State

FL

Zip Code

33304

FEC Identification Number

C

Purpose of Disbursement

honorarium

007

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

\$11,236.36

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred -

Date Due

Interest Rate

Secured:

M M M /

D D D /

Y Y Y Y Y Y Y Y

M M M /

D D D /

Y Y Y Y Y Y Y Y

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)			<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>		
<b>LENDING INSTITUTION (LENDER)</b> Full Name			Amount of Loan <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		Interest Rate (APR) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> %
Mailing Address			Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 60%; height: 20px;"></div></div>		
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 60%; height: 20px;"></div></div>		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 60%; height: 20px;"></div></div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>			Total Outstanding Balance: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes  What is the estimated value? <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 60%; height: 20px;"></div></div>					
Location of account: Address: _____ City, State, Zip: _____					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Signature				DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 60%; height: 20px;"></div></div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature				DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 20%; height: 20px;"></div><div style="border: 1px solid black; width: 60%; height: 20px;"></div></div>	
Title					

## Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

**Outstanding Balance Beginning This Period**

Amount Incurred This Period

**Payment This Period**

**Outstanding Balance at Close of This Period**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

**Outstanding Balance Beginning This Period**

Amount Incurred This Period

**Payment This Period**

**Outstanding Balance at Close of This Period**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

**Outstanding Balance Beginning This Period**

Amount Incurred This Period

**Payment This Period**

**Outstanding Balance at Close of This Period**

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	
2) <b>TOTALS</b> This Period (last page this line number only).....▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE      OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  <div style="font-size: 1.2em; font-weight: bold;">United Medical Freedom Super PAC, LLC</div>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="font-size: 1.5em;">➤</span> New report    Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> </div>

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination		
Mailing Address				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> </div>		
City	State	Zip Code		Amount		
Purpose of Expenditure			Category/Type	Date of Disbursement or Obligation		
			<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> </div>		
Name of Federal Candidate:				Office Sought:		
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate    District:    State:		
Calendar Year-To-Date Per Election for Office Sought				Disbursement For:		
<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>				<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination		
Mailing Address				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> </div>		
City	State	Zip Code		Amount		
Purpose of Expenditure			Category/Type	Date of Disbursement or Obligation		
			<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM / DD / YYYY</div> </div>		
Name of Federal Candidate:				Office Sought:		
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate    District:    State:		
Calendar Year-To-Date Per Election for Office Sought				Disbursement For:		
<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>				<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>
(a) <b>TOTAL</b> Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_

Date 

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

# SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE      OF  
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)									
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:					Full Name of Subordinate Committee				
					Mailing Address				
					City		State	ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee					<input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type
Mailing Address							Date		
City		State		Zip Code					
Name of Federal Candidate Supported		Office Sought:		House	State:	Amount			
				Senate	District:				
				Presidential					
Aggregate General Election Expenditure for this Candidate ▶									
Full Name (Last, First, Middle Initial) of Each Payee					<input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type
Mailing Address							Date		
City		State		Zip Code					
Name of Federal Candidate Supported		Office Sought:		House	State:	Amount			
				Senate	District:				
				Presidential					
Aggregate General Election Expenditure for this Candidate ▶									
Full Name (Last, First, Middle Initial) of Each Payee					<input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type
Mailing Address							Date		
City		State		Zip Code					
Name of Federal Candidate Supported		Office Sought:		House	State:	Amount			
				Senate	District:				
				Presidential					
Aggregate General Election Expenditure for this Candidate ▶									
Full Name (Last, First, Middle Initial) of Each Payee					<input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type
Mailing Address							Date		
City		State		Zip Code					
Name of Federal Candidate Supported		Office Sought:		House	State:	Amount			
				Senate	District:				
				Presidential					
Aggregate General Election Expenditure for this Candidate ▶									
SUBTOTAL of Expenditures This Page (optional).....▶									
TOTAL This Period (last page this line number only).....▶									

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Indicate ratio below**

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☐

Generic Voter Drive ☐

Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF        
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

20160501 10:00:00 AM

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

<b>A. Full Name (Last, First, Middle Initial)</b> <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier:			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div>			

<b>B. Full Name (Last, First, Middle Initial)</b> <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier:			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div>			

<b>C. Full Name (Last, First, Middle Initial)</b> <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier:			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div>			

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



# SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE      OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

#### ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID .....

#### iii) GOTV

GOTV

Total Amount Transferred for GOTV .....

#### iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

#### ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID .....

#### iii) GOTV

GOTV

Total Amount Transferred for GOTV .....

#### iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

### TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration

☐ GOTV

☐ Voter ID

☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration

☐ GOTV

☐ Voter ID

☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration

☐ GOTV

☐ Voter ID

☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**SUBTOTAL** of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

**TOTAL** This Period for the Levin Share

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT		
	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B YEAR-TO-DATE</b>
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS .....		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS .....		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....		
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....		
(from Line 3)		
9. SUBTOTAL .....		
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....		
(From Line 6)		
11. ENDING CASH ON HAND .....		
(Subtract Line 10 From Line 9)		

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

-----

City

State

Zip Code

Aggregate Year-to-Date

-----

Name of Employer (for Individual)

Occupation (for Individual)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

-----

City

State

Zip Code

Aggregate Year-to-Date

-----

Name of Employer (for Individual)

Occupation (for Individual)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

-----

City

State

Zip Code

Aggregate Year-to-Date

-----

Name of Employer (for Individual)

Occupation (for Individual)

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

-----

City

State

Zip Code

Aggregate Year-to-Date

-----

Name of Employer (for Individual)

Occupation (for Individual)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE OF  
(check only one) ☐ 4a ☐ 4c ☐ 5  
☐ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address			Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px;"></div>
City	State	Zip Code	
Purpose of Disbursement			
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address			Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px;"></div>
City	State	Zip Code	
Purpose of Disbursement			
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address			Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px;"></div>
City	State	Zip Code	
Purpose of Disbursement			
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address			Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px;"></div>
City	State	Zip Code	
Purpose of Disbursement			
<b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address			Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px;"></div>
City	State	Zip Code	
Purpose of Disbursement			
<b>SUBTOTAL</b> of Disbursements This Page (optional).....			<div style="border: 1px solid black; height: 20px;"></div>
<b>TOTAL</b> This Period (last page this line number only).....			<div style="border: 1px solid black; height: 20px;"></div>

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\*Insurance does not cover certain items. For Domestic Mail Manual at <http://pe.usps.com>

\*\* See International Mail Manual at <http://pe.usps.com>



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TO:


FFEC

1050 First St N

Washington DC

2046

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 1/29/21
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	2/5/21 DATE PREPARED

(3/2015)